



COMMUNITY RECREATION ASSOCIATION ONE CLUB MEMBERSHIP

First Name: _____ Last Name: _____

Address: _____

Country: _____ Province: _____

City: _____ Postal Code: _____

Phone 1: _____ Phone 2: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

CERTIFICATION AND SIGNATURE

By Signing This Document I Understand That:

- This membership is for the use of a single club.
- Promotional photos may be taken at any facility, program, or club and used for future promotional purposes.
- It is my responsibility to notify facility personnel if my family or I have any health conditions that may restrict use of programs or facilities.
- There are no refunds on CRA One Club Memberships.
- Some recreation facilities have surveillance cameras in use and members may be recorded.
- I HEREBY CERTIFY that the information provided in this application is correct and complete. Upon acceptance of membership, I agree to abide by the regulations and by-laws governing the operations of the 3rd Canadian Division Support Base Edmonton Garrison Wainwright Recreation, Fitness Facilities and Programs.

Printed Name

Signature

Date

FOR FITNESS CENTER STAFF USE

CLUB ASSOCIATED WITH: _____

TYPE OF MEMBERSHIP: Adult _____ Youth _____

CARD #: _____ RECEIPT #: _____

LENGTH OF MEMBERSHIP: _____ to _____

MONITOR NAME: _____ DATE: _____

FOR ADMINISTRATION STAFF USE

CLIENT NUMBER: _____

STAFF MEMBER: _____